Under	PATEI	AT APPLICA	95, no persor TION FEI	e die required to re DETERMIN	Spond to	U.S. Patent 4 collection	App and Traden of Informat BD	toved for terk Offici ion unles	use thro e; U.S. C e il clieple	ugh 7/81/2008 PEPARTMENT IVE & Valid OMI	10/88/06 (12-0 0MB 0651-003 OF COMMERCO B control area
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876									Application or Docket Number		
APPLICATION AS FILED - PART I (Column 1) (Column 2)						•		-			121.
	FOR			(Oalumn 2)		SMALL ENTITY		Υ	OR	OTHER THAN SMALL ENTITY	
BASIO FI (87 CFR 1	18(a), (b); oc (cit)	HUMBER FILED .		NUMBER EXTRA		RATE	(t) PE	E(4)	[ENTITY
6EARCH	FEE (8(K), (1), or (m))	1						-11/	. 1	RATE(\$)	FEE (1)
* I EXAMINA	TIONEEC	-							ŀ		
(87 CFR 1.18(d), (p), or (q1) TOTAL OLAIMS (87 CFR 1.18(1))		-							-		
MOEPEN	DENT OLATIO	minus 20 =				x DE	5_		- -		
(87 CFR 1.	16(h))	· mile	* = 8 eps			x /00		.	-	(57)	
APPLICAT FEE		sheets of pape	tion and dra r. the applic	wings exceed 10 ation size fee du	0				×	200=	73
(37 CFR 1.1	1 6 (š))	additional 50 el	hack are	ly) for each	•			: .	ľ		
MINTING	DEOG			°.		i e	1	1.		.	
MOCTIFIE DEPENDENT CLAIM PRESENT (37 CFR 1.160)											
The difference in column 1 is less than zero, enter "0" in column 2											
APPLICATION AS AMENDED - PART II											
LY-Ob-Otrolume 1)											
CLAIMS (Column 3) SMALL ENTITY OR OTHER TIME										HAN	
Ĕ.	AFTER NUMBER PREVIOUSLY EXTRA					RATE (\$)	ADD(-		5	ATE (\$)	
U To	na(:	. Minus	PAID FO)R =	- -	-	FEE (\$)				ADDI- TIONAL
REMAINING AFTER AMENDMENT Total G7 CFR 1.4(n) Application Size Fee (37 CFR 1.16(s))			1	=	- X	25		O'R	· / x	60 = 1	FEE (\$)
							1	OR	×	200	
FIRST P	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GIZ CERT 1600										
						TAL		OR	13	60	•
·	(Colum	nn 1)	" (Och m-	•	. At	D'L FEE	1	OR	ADD'	L FEE	
	CLA REMA	IMS	(Column HIGHEST		1				· <u>:</u> :		
뉳	AFT	ER i i	NUMBER PREVIOUS PAID FOR	Y EXTRA	R	ATE (\$)	ADDI-	1.	· RAT	E(\$)	ADDI-
- Process	te(i) .	: Minus	T CHO FUR	=	 -		FEE (\$)			· T(ONAL EE(\$)
Application Application		. Minus	444		. X	=		OR	х	=	==-14/
							 	OR	×	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (SZ OFR 1.160)											
• •								OR:	· · · · · · · · · · · · · · · · · · ·		
f the enti	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
u ne 7-10 He ett i ***	nesi Number Pre hesi Number Pre	viously Pald For I	N THIS SPAC	me "0" in column 3 E is less than 20, e	nier "20".	ني نه د د د		١			<u> </u>

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the included to take 12 minutes to complete on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.